



**BEVERLY HILLS POLICE DEPARTMENT
"PAY TO STAY" PROGRAM
MEDICAL TREATMENT RELEASE AGREEMENT**

Instructions: Please read and initial each paragraph, then sign and date this form at the bottom. This COMPLETED form MUST be submitted along with the completed "Pay to Stay" application. An incomplete form may result in delayed processing of the application or a denial.

As a participant in the Beverly Hills Police Department's "Pay to Stay" program:

_____ I understand and agree that any and all expenses incurred for medical treatment that I require while incarcerated in the Beverly Hills Police Department Jail facility are solely my responsibility.

_____ I understand and agree that the City of Beverly Hills, the Beverly Hills Police Department, and all City and Jail personnel are held harmless and free from any financial responsibility associated with such medical treatment.

_____ Should I require any medical care, whether emergency or non-emergency, while in custody of the Beverly Hills Police Department Jail facility, I agree to assume full responsibility for all fees and costs associated with such care.

_____ I understand that, based on the medical situation, whether emergency or non-emergency, I may be immediately released from custody and removed from the "Pay to Stay" program in order to seek my own medical treatment.

_____ I understand that I may be allowed to return to the Beverly Hills Police Department's "Pay to Stay" program in order to complete my Court-ordered sentence when I have both a medical clearance and proper authorization from the sentencing Court.

_____ I understand that these subsequent arrangements must be made with the Jail Supervisor or his designee, pursuant to the established policy of the Beverly Hills Police Department's "Pay to Stay" program.

_____ I understand and agree that, should I be released early from the "Pay to Stay" program due to a medical condition, any fees posted that remain unused can be applied to my continued incarceration once I am permitted to return and within six months from the date of my early release.

_____ I understand that, should I not be able to complete the Court's sentence in the Beverly Hills Police Department's "Pay to Stay" program due to medical reasons, I may apply for a refund of the unused portion of the pre-paid "Pay to Stay" fees.

_____ I understand that any request for refunds MUST be received by the Jail Supervisor or his designee within six months from the date of release for medical reasons or the fees will be forfeited.

I have read, understand and agree to all conditions listed above.

Name of Applicant: _____ Signature of Applicant: _____

Date: _____